



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIBDATASHEET

CONFIRMATION NO. 5424

Bib Data Sheet

| | | | | |
|------------------------------------|---|---------------------|-------------------------------|---|
| SERIAL NUMBER 10/611,942 | FILING OR 371(c) DATE 07/03/2003 RULE | CLASS 435 | GROUP ART UNIT 1617 | ATTORNEY DOCKET NO. 161765.000535 |
|------------------------------------|---|---------------------|-------------------------------|---|

APPLICANTS

Bradley T. Keller, Chesterfield, MO;
 Samuel J. Tremont, St. Louis, MO;
 Kevin C. Glenn, Maryland Heights, MO;
 Robert E. Manning, St. Louis, MO;

** CONTINUING DATA *****

This application is a CON of 09/802,313 03/08/2001 ABN
 which claims benefit of 60/188,378 03/10/2000
 and claims benefit of 60/188,361 03/10/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/26/2003

| | | | | |
|---|-----------------------------------|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY MO | SHEETS DRAWING 0 | TOTAL CLAIMS 36 | INDEPENDENT CLAIMS 5 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature | Initials | | |

ADDRESS

30593

TITLE

Combination therapy for the prophylaxis and treatment of hyperlipidemic conditions and disorders

| | | |
|--|---|--|
| FILING FEE RECEIVED 1206 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|--|---|--|